



# CAMBRIDGE MUSLIM SOCIETY

## JAAMIA UMAR AL-FAROOQ

### RELIGIOUS SCHOOL REGISTRATION FORM

- |   |  |
|---|--|
| <input type="checkbox"/> Evening Madrasah (Age 4 - 6)   | <input type="checkbox"/> Aalim Classes                             |
| <input type="checkbox"/> Evening Madrasah (Age 6 - 10)  | <input type="checkbox"/> Evening Madrasah (Age 5 - 13)             |
| <input type="checkbox"/> Evening Madrasah (Age 10 - 13) | <i>*Must fill separate application for each individual program</i> |
| <input type="checkbox"/> Hifz Class (Age 5 - 13)        | <i>*Attach a photocopy of the health card of the student</i>       |

#### PARENT/GUARDIAN INFORMATION:

Father's Last Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Email) \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Email) \_\_\_\_\_

Marital Status:  Married:  Divorced:  Separated:  Widowed:  Single

Child Lives With:  Both Parents:  Father:  Mother:  Legal Guardian

#### EMERGENCY CONTACTS INFORMATION (OTHER THAN PARENT/GUARDIAN)

(1) Name: \_\_\_\_\_ Relationship with the student \_\_\_\_\_

Phone#: (Home) \_\_\_\_\_ (Cell): \_\_\_\_\_ (Email) \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship with the student \_\_\_\_\_

Phone#: (Home) \_\_\_\_\_ (Cell): \_\_\_\_\_ (Email) \_\_\_\_\_

#### Student Registration Details

Last Name	First Name	Gender M/F	Age	DOB (DD/MM/YY)	Medical Conditions

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